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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED I	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/762,090	10/762,090 01/20/2004		David Eugene Huddle		n 063170.6951		4604		
TITLE OF INVENTION:	METHOD AND APPA	RATUS FOR DI	SCOVERING EVOLU	ΓΙΟΝΑRΥ	CHANGES WITH	IIN A SYS	ГЕМ		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE D	JE PUBLICATION	FEE DUE	PREV. PAID ISSUE	FEE TO	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	nonprovisional NO		\$300		\$0	\$1810		05/05/2009	
EXAMINER		ART UNIT	CLASS-SUBO	CLASS					
FREJD, RUSSELL WARREN		2128	703-0020	000					
1. Change of corresponder CFR 1.363).  Change of corresponder CFR 1.363).  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	(1) the name or agents OR (2) the name registered att 2 registered of the company	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Computer Associates Think, Inc. Islandia, NY									
Please check the appropria	te assignee category or	categories (will n	ot be printed on the pate	ent): 🔲	Individual XX Co	rporation o	other private gro	up entity Government	
4a. The following fee(s) ar  XX Issue Fee  XX Publication Fee (No  Advance Order - #	A check is e Payment by The Director	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).							
5. Change in Entity Statu  a. Applicant claims	•	,	7. D b Applicant	t is no long	er claiming SMAL	I ENTITY	status See 37 CE	P 1 27(a)(2)	
NOTE: The Issue Fee and interest as shown by the re-	Publication Fee (1700)	ired) will not be a	ccepted from anyone of	her than th	e applicant; a regis	tered attorr	ney or agent; or the	e assignee or other party in	
Authorized Signature	cords of the state	estratent and Trac	emark Office.		Date	-5	-09		
Typed or printed name		Registration No. 45,003							
This collection of informat application. Confidentia submitting the completed a his form and/or suggestion 30x 1450, Alexandria, Virginia 22313 Under the Paperwork Redu	application form to the application form to the ns for reducing this burd ginia 22313-1450. DO 3-1450.	USPTO. Time widen, should be ser NOT SEND FEE	Il vary depending upon at to the Chief Informat S OR COMPLETED F	the individual the individual the individual the individual to the individual the	tain a benefit by th nated to take 12 m dual case. Any con , U.S. Patent and T THIS ADDRESS.	e public whimutes to comments on rademark SEND TO	nich is to file (and complete, including the amount of tim Office, U.S. Depar commissioner for	g gathering, preparing, and the you require to complete retruent of Commerce, P.O. for Patents, P.O. Box 1450,	